Case 09-42064-can7 Doc 25 Filed 07/02/09 Entered 07/02/09 11:04:45 Desc Main Document Page 1 of 14
United States Bankruptcy Court
Western District of Missouri

In re	David Nathaniel Littles Elaina Marie Littles		Case No.	09-42064				
		Debtor(s)	Chapter	13				
	DISCLOSURE OF COMPENSATION C	OF ATTORNEY	FOR DEBTOR	(S) - AMENDED				
cc	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:							
	For legal services, I have agreed to accept		\$	2,500.00				
	Prior to the filing of this statement I have received		\$ <u></u>	1,300.00				
	Balance Due		\$	1,200.00				
2. T	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
3. T	The source of compensation to be paid to me is:							
	☐ Debtor ☐ Other (specify): Chapter 13 I	Plan						
4 . ■	I have not agreed to share the above-disclosed compensation	on with any other person	n unless they are mem	bers and associates of my law firm.				
Е	☐ I have agreed to share the above-disclosed compensation w copy of the agreement, together with a list of the names of the share the above-disclosed compensation which is the share the above-disclosed compensation where the above-disclosed compensation which is the share the above-disclosed compensation where the above-disclosed compensation which is the share the above-disclosed compensation where the above-disclosed compensation which is the above-disclosed compensation where the above-disclosed compensation which is the above-disclosed compensation where the above-disclosed compensation which is the above-disclosed compensation where the above-disclosed compensation which is the above-disclosed compensation where the above-disclosed compensation which is the above-disclo							
5. Iı	n return for the above-disclosed fee, I have agreed to render le	egal service for all aspec	ts of the bankruptcy c	ase, including:				
b. c.	 Analysis of the debtor's financial situation, and rendering ad Preparation and filing of any petition, schedules, statement of Representation of the debtor at the meeting of creditors and [Other provisions as needed] 	of affairs and plan which	h may be required;					
6. B	By agreement with the debtor(s), the above-disclosed fee does n Representation of the debtors in any discharg any other adversary proceeding.			es, relief from stay actions or				
	CEF	RTIFICATION						
	certify that the foregoing is a complete statement of any agree ankruptcy proceeding.	ment or arrangement for	r payment to me for re	presentation of the debtor(s) in				
Dated:	: July 1, 2009	/s/ J. Aaron Cool	k					
		J. Aaron Cook 50 Ghafoor, Cook 8 136 E. Walnut Independence, N 816-373-7379 F	& Associates					

Case 09-42064-can7 Doc 25 Filed 07/02/09 Entered 07/02/09 11:04:45 Desc Main Document Page 2 of 14

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Western District of Missouri

In re	David Nathaniel Littles,		Case No	09-42064
	Elaina Marie Littles			
		Debtors	Chapter	13
			-	

SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	179,000.00		
B - Personal Property	Yes	3	34,230.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		297,827.55	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		1,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		55,607.07	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			3,346.22
J - Current Expenditures of Individual Debtor(s)	Yes	2			1,330.00
Total Number of Sheets of ALL Schedu	ıles	19			
	To	otal Assets	213,230.00		
			Total Liabilities	354,434.62	

Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Western District of Missouri

In re	David Nathaniel Littles,		Case No	09-42064	
	Elaina Marie Littles				
_		Debtors	Chapter	13	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	1,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	1,000.00

State the following:

Average Income (from Schedule I, Line 16)	3,346.22
Average Expenses (from Schedule J, Line 18)	1,330.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	4,863.56

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		88,152.55
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	1,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		55,607.07
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		143,759.62

Case 09-42064-can7 Doc 25 Filed 07/02/09 Entered 07/02/09 11:04:45 Desc Main Document Page 4 of 14

B6D (Official Form 6D) (12/07)

In re	David Nathaniel Littles,
	Elaina Marie Littles

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Hu H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	LIQUID	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 118188			6/05	Ţ	A T E			
Blue Ridge Bank & Trust 4200 Little Blue Park Independence, MO 64057		J	PMSI 2008 Saturn Vue (11,000 miles)		D			
			Value \$ 20,625.00				19,000.00	0.00
Account No. 127341174 Countrywide Home Loans PO Box 10219 Van Nuys, CA 91410-0219		J	1st Mortgagae Location: 1302 NW Cedar Lane, Grain Valley MO					
			Value \$ 179,000.00				209,000.00	30,000.00
Account No. 008-9121-68708 GMAC Bankruptcy Department 2740 Arthur Street Roseville, MN 55113-1303		J	PMSI 2007 Saturn Ion (30,000 miles)					
			Value \$ 11,275.00				15,579.00	4,304.00
Account No. 15746605 Litton Loan Servicing Attn: Bankruptcy 4828 Loop Central Drive Houston, TX 77081-2166		J	2nd Mortgage Location: 1302 NW Cedar Lane, Grain Valley MO					
			Value \$ 179,000.00	1			50,000.00	50,000.00
continuation sheets attached	•	•	· · · · · · · · · · · · · · · · · · ·	Sub			293,579.00	84,304.00

Case 09-42064-can7 Doc 25 Filed 07/02/09 Entered 07/02/09 11:04:45 Desc Main Page 5 of 14 Document

 $B6D\ (Official\ Form\ 6D)\ (12/07)$ - Cont.

In re	David Nathaniel Littles,		Case No	09-42064	
	Elaina Marie Littles				
_		Debtors	,		

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED (Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B T O R	H W J	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGEN	LIQUIDA	ı	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. Representing: Litton Loan Servicing			Brice, Vander Linden & Wernick, PC Litton Loan Servicing P.O. Box 829009 Dallas, TX 75382-9009	T	TED			
Account No. 18710293	╁	-	Value \$ 10/08					
Nebraska Furniture Mart P.O. Box 3000 Omaha, NE 68103		J	PMSI couch, TV					
			Value \$ 400.00				4,248.55	3,848.55
Account No.								
Account No.	╁	╁	Value \$	H				
			Value \$					
Account No.								
Sheet 1 of 1 continuation sheets attached to					4 0 4 0 5 -	0.040.==		
Schedule of Creditors Holding Secured Claims (Total of this page)						ge)	4,248.55	3,848.55
			(Report on Summary of So		ota lule		297,827.55	88,152.55

Filed 07/02/09 Entered 07/02/09 11:04:45 Desc Main Case 09-42064-can7 Doc 25 Page 6 of 14 Document

B6J (Official Form 6J) (12/07)

	David Nathaniel Littles			
In re	Elaina Marie Littles		Case No.	09-42064
		Debtor(s)		

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) -**AMENDED**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case

filed. Prorate any payments made bi-weekly, quarterlexpenses calculated on this form may differ from the				monthly
☐ Check this box if a joint petition is filed and debt expenditures labeled "Spouse."	tor's spouse maintains a s	eparate household. Comple	te a separate	schedule of
1. Rent or home mortgage payment (include lot rente	ed for mobile home)		\$	0.00
a. Are real estate taxes included?	Yes	No X		
b. Is property insurance included?	Yes	No _ X _		
2. Utilities: a. Electricity and heating fuel			\$	150.00
b. Water and sewer			\$	50.00
c. Telephone			\$	35.00
d. Other cell phone			\$	175.00
3. Home maintenance (repairs and upkeep)			\$	10.00
4. Food			\$	250.00
5. Clothing			\$	10.00
6. Laundry and dry cleaning			\$	10.00
7. Medical and dental expenses			\$	80.00
8. Transportation (not including car payments)			\$	100.00
9. Recreation, clubs and entertainment, newspapers,	magazines, etc.		\$	10.00
10. Charitable contributions	_		\$	0.00
11. Insurance (not deducted from wages or included	in home mortgage payme	ents)		
a. Homeowner's or renter's			\$	75.00
b. Life			\$	0.00
c. Health			\$	0.00
d. Auto			\$	100.00
e. Other			\$	0.00
12. Taxes (not deducted from wages or included in h	nome mortgage payments)		
(Specify) See Detailed Expense			\$	275.00
13. Installment payments: (In chapter 11, 12, and 13		nts to be included in the	-	
plan)	, 1 ,			
a. Auto			\$	0.00
b. Other			\$	0.00
c. Other			\$	0.00
14. Alimony, maintenance, and support paid to other	·s		\$	0.00
15. Payments for support of additional dependents no			\$	0.00
16. Regular expenses from operation of business, pro	<u> </u>	detailed statement)	\$	0.00
17. Other	010001011, 01 141111 (41144011 (3,000,000	\$	0.00
Other			\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total line	es 1-17. Report also on Su	ummary of Schedules and,	\$	1,330.00
if applicable, on the Statistical Summary of Certain I				
19. Describe any increase or decrease in expenditure				
following the filing of this document:	, ,	,		
20. STATEMENT OF MONTHLY NET INCOME			•	
a. Average monthly income from Line 15 of Sched	lule I		\$	3,346.22
b. Average monthly expenses from Line 18 above	***** *		\$ 	1,330.00
c. Monthly net income (a. minus b.)			\$	2,016.22

	Case 09-42064-can7	Doc 25	Filed 07/02/09	Entered 07/02/	09 11:04	:45 Desc Main		
DCT (Of	***		Document Pa	ge 7 of 14				
ROJ (OI	ficial Form 6J) (12/07)							
	David Nathaniel Littles							
In re	Elaina Marie Littles				Case No.	09-42064		
			Debtor	r(s)				
SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED								
	Detailed Expense Attachment							
			-					

Specific Tax Expenditures:

Personal Property Tax	\$ 25.00
Real Estate Tax	\$ 250.00
Total Tax Expenditures	\$ 275.00

Case 09-42064-can7 Doc 25 Filed 07/02/09 Entered 07/02/09 11:04:45 Desc Main Document Page 8 of 14

B22C (Official Form 22C) (Chapter 13) (01/08)

In re	David Nathaniel Littles Elaina Marie Littles				
	Debtor(s)				
Case N	umber: 09-42064				

(If known)

According to the calculations required by this statement:
■ The applicable commitment period is 3 years.
☐ The applicable commitment period is 5 years.
☐ Disposable income is determined under § 1325(b)(3).
■ Disposable income is not determined under § 1325(b)(3).
(Check the boxes as directed in Lines 17 and 23 of this statement.)

AMENDED

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Par	t I.	REPORT OF IN	COM	E				
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. Married. Complete both Column A ("Debto					ne'')	for Lines 2-10.		
	All figures must reflect average monthly income rec						Column A		Column B
	calendar months prior to filing the bankruptcy case, the filing. If the amount of monthly income varied						Debtor's		Spouse's
	six-month total by six, and enter the result on the ap			, you	must divide the		Income		Income
2	Gross wages, salary, tips, bonuses, overtime, com	nmis	ssions.			\$	2,676.56	\$	2,187.00
	Income from the operation of a business, professi								
	enter the difference in the appropriate column(s) of								
	profession or farm, enter aggregate numbers and pronumber less than zero. Do not include any part of								
3	a deduction in Part IV.	·	business expense	S CIII	crea on Eme b as				
3			Debtor		Spouse				
	a. Gross receipts	\$	0.00		0.00				
	b. Ordinary and necessary business expenses	\$	0.00		0.00				
	c. Business income		btract Line b from		-	\$	0.00	\$	0.00
	Rents and other real property income. Subtract I								
	the appropriate column(s) of Line 4. Do not enter a part of the operating expenses entered on Line b								
4	part of the operating expenses effected on Eine b	as	Debtor	T .	Spouse				
7	a. Gross receipts	\$	0.00	\$	0.00				
	b. Ordinary and necessary operating expenses	\$	0.00		0.00				
	c. Rent and other real property income	Sι	ibtract Line b from	Line	a	\$	0.00	\$	0.00
5	Interest, dividends, and royalties.					\$	0.00	\$	0.00
6	Pension and retirement income.					\$	0.00	\$	0.00
	Any amounts paid by another person or entity, o								
7	expenses of the debtor or the debtor's dependents, including child support paid for that								
	purpose. Do not include alimony or separate main debtor's spouse.	tena	ance payments or a	moun	its paid by the	\$	0.00	¢	0.00
	1 - 1	n th	e annronriate colu	mn(e)	of Line 8	φ	0.00	Φ	0.00
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A								
_									
8	or B, but instead state the amount in the space below	w:							
	Unemployment compensation claimed to								
	be a benefit under the Social Security Act Debtor	: \$	0.00 Sp	ouse	\$ 0.00	\$	0.00	\$	0.00

B22C (Official Form 22C) (Chapter 13) (01/08)

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
			ebtor	Spouse				
	a. b.	\$ \$		\$ \$				
	Subtotal. Add Lines 2 thru 9 in Column A, and	17 1	n R is complet	Ψ	rough 0	\$ 0.0	00 \$	0.00
10	in Column B. Enter the total(s).	u, ii Coluili	ii b is complet	ed, add Lilles 2 ti	rough 9	\$ 2,676.5	56 \$	2,187.00
11	Total. If Column B has been completed, add L the total. If Column B has not been completed					\$		4,863.56
	Part II. CALCULATI					ERIOD		
12	Enter the amount from Line 11						\$	4,863.56
13	Marital Adjustment. If you are married, but a calculation of the commitment period under § enter on Line 13 the amount of the income listed the household expenses of you or your dependent income (such as payment of the spouse's tax list debtor's dependents) and the amount of income on a separate page. If the conditions for entering	1325(b)(4) ed in Line 1 ents and spendility or the devoted to	does not requi 10, Column B tecify, in the lir e spouse's suppose each purpose	re inclusion of the that was NOT paid tes below, the bas port of persons off. If necessary, list	e income d on a reg is for exc ner than t t addition	of your spouse, gular basis for luding this he debtor or the		
	a. b.		\$					
	c		\$					
	Total and enter on Line 13						\$	0.00
14	Subtract Line 13 from Line 12 and enter the	result.					\$	4,863.56
15	Annualized current monthly income for § 13 enter the result.						\$	58,362.72
16	Applicable median family income. Enter the information is available by family size at www	.usdoj.gov/	ust/ or from th	e clerk of the banl	cruptcy c	ourt.)		
	a. Enter debtor's state of residence:	МО	b. Enter del	otor's household s	ize:	3	\$	58,473.00
17	 Application of § 1325(b)(4). Check the applicable box and proceed as directed. ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. 							
	Part III. APPLICATION OF	§ 1325(b)(3) FOR DETI	ERMINING DIS	POSABI	LE INCOME		
18	Enter the amount from Line 11.						\$	4,863.56
19	Marital Adjustment. If you are married, but a any income listed in Line 10, Column B that w debtor or the debtor's dependents. Specify in the payment of the spouse's tax liability or the spoudependents) and the amount of income devoted separate page. If the conditions for entering thing a. b. c.	ras NOT pane lines belouse's support to each pu	id on a regular ow the basis for rt of persons our pose. If neces	basis for the houser excluding the Co ther than the debtes sary, list addition	sehold ex olumn B or or the	penses of the income(such as debtor's		
	Total and enter on Line 19.						\$	0.00
20	Current monthly income for § 1325(b)(3). Su	ıbtract Line	e 19 from Line	18 and enter the	esult.		\$	4,863.56

21		alized current monthly income he result.	ome for § 1325(b)(3). N	Multip	oly the a	mount from Line 2	20 by the number 12 and	\$	58,362.72
22	Applic	Applicable median family income. Enter the amount from Line 16.							58,473.00
	Applic	cation of § 1325(b)(3). Che	ck the applicable box ar	nd pro	ceed as	directed.		T	
23		e amount on Line 21 is mo 25(b)(3)" at the top of page						ined u	nder §
		e amount on Line 21 is not 25(b)(3)" at the top of page							
		Part IV. CA	ALCULATION ()F I	EDU	CTIONS FR	OM INCOME		
		Subpart A: Do	eductions under Star	ndar	ds of tl	ne Internal Reve	enue Service (IRS)		
24A	Enter i	nal Standards: food, appar in Line 24A the "Total" amo able household size. (This in aptcy court.)	ount from IRS National	Stand	ards for	Allowable Living	Expenses for the	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						andards for Out-of-Pocket sdoj.gov/ust/ or from the d who are under 65 years of age or older. (The total iply Line a1 by Line b1 to ultiply Line a2 by Line		
	Household members under 65 years of age		ears of age	Household members 65 years of age or older					
	a1.	Allowance per member		a2.		ance per member			
	b1.	Number of members		b2.		er of members			
	c1.	Subtotal		c2.	Subto	al		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court).							\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.								
		IRS Housing and Utilities Average Monthly Payment				\$			
	1	home, if any, as stated in L	ine 47	y you		\$			
	+==	Net mortgage/rental expens				Subtract Line b fr		\$	
26	25B do Standa	Standards: housing and uppers not accurately compute and an and tion in the space below:	the allowance to which	you a	re entitl	ed under the IRS F	Iousing and Utilities	¢.	
	I							\$	

27A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. \square 0 \square 1 \square 2 or more. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local					
	Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/		\$			
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$				
	b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ Subtract Line b from Line a.	\$			
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Litthe result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	e IRS Local Standards: Transportation court); enter in Line b the total of the Average				
	b. 2, as stated in Line 47	\$				
30	C. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: mandatory deductions for employmen deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volumes.	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.					
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for education that is required for a physically or mentally challenged depoproviding similar services is available.	ion that is a condition of employment and for	\$			
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$			

B22C (Official Form 22C) (Chapter 13) (01/08)

	-, (- · · · · · · · · · · · · · · · · · ·					
36	Other Necessary Expenses: health care. Enter the ave care that is required for the health and welfare of yoursel or paid by a health savings account, and that is in excess payments for health insurance or health savings accounts	\$				
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.					
38	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 24 through 37.	\$			
	-	nal Living Expense Deductions benses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonal dependents	avings Account Expenses. List the monthly expenses in oly necessary for yourself, your spouse, or your				
39	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$				
	Total and enter on Line 39		\$			
	If you do not actually expend this total amount, state y below:	your actual total average monthly expenditures in the space				
	\$					
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
43	Education expenses for dependent children under 18. actually incur, not to exceed \$137.50 per child, for attenschool by your dependent children less than 18 years of documentation of your actual expenses, and you must necessary and not already accounted for in the IRS St	\$				
44	Additional food and clothing expense. Enter the total a expenses exceed the combined allowances for food and of Standards, not to exceed 5% of those combined allowance or from the clerk of the bankruptcy court.) You must de reasonable and necessary.	\$				
45	Charitable contributions. Enter the amount reasonably contributions in the form of cash or financial instrument: 170(c)(1)-(2). Do not include any amount in excess of	s to a charitable organization as defined in 26 U.S.C. §	\$			
46	Total Additional Expense Deductions under § 707(b).	Enter the total of Lines 39 through 45.	\$			
		1. 1				

		Subpart C: Deductions for De	ebt Payment			
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.					
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance		
	a.		\$ Total: Add Lines	□yes □no	 \$	
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
	Name of Creditor a.	Property Securing the Debt	1/60th of	the Cure Amount	\$	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.					
	Chapter 13 administrative experesulting administrative expense.	nses. Multiply the amount in Line a by the	e amount in Line b, a	and enter the		
50	b. Current multiplier for you issued by the Executive C	y Chapter 13 plan payment. Ir district as determined under schedules Office for United States Trustees. (This t www.usdoj.gov/ust/ or from the clerk of	\$ x			
		trative expense of Chapter 13 case	Total: Multiply Li	nes a and b	\$	
51	Total Deductions for Debt Paym	nent. Enter the total of Lines 47 through 5	50.		\$	
		Subpart D: Total Deductions f	from Income			
52	Total of all deductions from inco	ome. Enter the total of Lines 38, 46, and 5	51.		\$	
	Part V. DETERM	MINATION OF DISPOSABLE	INCOME UND	ER § 1325(b)(2)		
53	Total current monthly income.	Enter the amount from Line 20.			\$	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.					
55		• Enter the monthly total of (a) all amounded retirement plans, as specified in § 541(ecified in § 362(b)(19).			\$	
56	Total of all deductions allowed u	under § 707(b)(2). Enter the amount from	n Line 52.		\$	

57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable. Nature of special circumstances Amount of Expense		elow. must
	a.	\$	
	b.	\$	
	c.	\$	
		Total: Add Lines	\$
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.		
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.		\$
Part VI. ADDITIONAL EXPENSE CLAIMS			
60	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfar of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense each item. Total the expenses. Expense Description		ome under § erage monthly expense for
	b.	\$ \$	
	d.	\$	
	Total: Add Line	·	
Part VII. VERIFICATION			
61	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.) Date: July 1, 2009 Signature: /s/ David Nathaniel Littles David Nathaniel Littles (Debtor)		
	Date: July 1, 2009	Signature /s/ Elaina Marie Littles (Joint Debto	